Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-			
	State:	Missouri				
Citation 1902(a)(52) and 1925 of the Act		<u>Families</u>	Receiving Extended Medicaid Benefits			
	(a)	Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).				
	(b) .	Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are				
		se re ma	ual in amount, duration, and scope to rvices provided to categorically needy AFDC cipients as described in <u>ATTACHMENT 3.1-A</u> (or y be greater if provided through a caretaker lative employer's health insurance plan).			
·		se re th in	ual in amount, duration, and scope to rvices provided to categorically needy AFDC cipients, (or may be greater if provided rough a caretaker relative employer's health surance plan) minus any one or more of the llowing acute services:			
			Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.			
		口	Medical or remedial care provided by licensed practitioners.			
		口	Home health services.			
TIN No. (I	(-4°)		JEC 1 1 1991			
TN No. 9	Approval	Date	Effective Date 10/1/9/			
	·		HCFA ID: 7982E			

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	State:	Missouri	
Citation	3.5	Families (Continu	Receiving Extended Medicaid Benefits ed)
		_7	Private duty nursing services.
		_7	Physical therapy and related services.
		\Box	Other diagnostic, screening, preventive, and rehabilitation services.
			Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
		_7	Intermediate care facility services for the mentally retarded.
			Inpatient psychiatric services for individuals under age 21.
			Hospice services.
			Respiratory care services.
		口	Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

TN No. 91-42
Supersedes Approval Date DEC 1 1 1961 Effective Date 10/1/9/
TN No. 90-17
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<i>*</i>			
Revision:	HCFA-PM-91- AUGUST 1991	4 (BPD)	OMB No.: 0938-
	State:	Missou	ri
Citation		Families (Continue	Receiving Extended Medicaid Benefits ed)
	(c) <i>[</i>	fee	e agency pays the family's premiums, enrollment es, deductibles, coinsurance, and similar costs health plans offered by the caretaker's ployer as payments for medical assistance
			lst 6 months/ 2nd 6 months
	4	emp	e agency requires caretakers to enroll in ployers' health plans as a condition of gibility.
			1st 6 mos. $\overline{//}$ 2nd 6 mos.
	(d)	<u> </u>	The Medicaid agency provides assistance to families during the second 6-month period of extended Medicaid benefits through the following alternative methods:
			Enrollment in the family option of an employer's health plan.
			Enrollment in the family option of a State employee health plan.
			Enrollment in the State health plan for the uninsured.
:			Enrollment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients (except recipients of extended Medicaid).
,			
TN No. 9	1-49		DEC 1 1 1991 Effective Date (0/1/9/
Supersedes TN No. 9	7-17 Approve	al Date	Effective Date 757.77
			HCFA ID: 7982E

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Revision:	HCFA-PM- August 199		(BPD)		OMB No: 0938-
	State:	M	lissouri	·	
Citation	3.5		ilies Rece tinued)	eiving Extended Medicaid Benefit	<u>s</u>
		d ir	escribes t icluding i	nt 2 to ATTACHMENT 3.1-A specifie alternative health care plan(s) or requirements for assuring that recipions to services of adequate quality.	offered,
	(2	2) T	he agency	y	
		(i	•	ys all premiums and enrollment featily for such plan(s).	es imposed on the
	1	☐ (ii		vs all deductibles and coinsurance aily for such plan(s).	imposed on the
	3.6	Une	mployed	Parent	·
		-		of determining whether a child is a unemployment of a parent, the a	•
				e standard for measuring unemploy AFDC State plan in effect on July	•
		X	uses the	e following more liberal standard to syment:	o measure
				rent whose family meets the income ty is considered to meet the definition	
TN No Supersede TN No	s Ap	prova	l Date MA	R 17 1999 Effective Date	10-01-98
				HCFA ID: 7982E	